

4. Local News Briefing Room

County and city governments will activate their local news briefing rooms. The information disseminated from these facilities is limited to that which has local implications only. It is incumbent upon the local PIO and the State PIO to communicate regularly to ensure the coordinated release of public information.

9.7.2. Health Communications

9.7.2.1. Hippocrates

9.7.2.1.1. Hippocrates is the primary means by which New Jersey maintains state health system situational awareness. This internet based software package provides a real time common picture of hospital, EMS, public health, pharmaceutical and medical stockpile, and other health and healthcare system components.

9.7.2.1.2. Hippocrates is the intelligence technology backbone and connectivity between the State EOC, Health Command Center, Medical Coordination Centers, and other Medical and Public Health operational activities.

9.7.2.1.3. NJDHSS will deploy this password protected system to hospitals, public health departments, emergency operation centers, and other users as determined by health officials.

9.7.2.1.4. NJDHSS is the program manager for Hippocrates.

9.7.2.2. 800 MHz Radio System

9.7.2.2.1. All of New Jersey's acute care medical facilities, public health departments, EMS dispatch centers, health operations centers and blood banks have 800 MHz radios. These radios provide emergency communication capability in the event of telephone or internet communication difficulty or malfunction.

9.7.2.2.2. NJDHSS is the project manager for the health 800 MHz radio system and NJSP is the manager of the state communication frequency plan.

10.0 Ethical Considerations

A. Prioritization

During the initial stages of a pandemic, the supply of vaccine will most likely be limited, and the CDC will likely be providing epidemiologic information and guidelines for the prioritization of vaccine distribution and use. During the interpandemic period, the NJDHSS needs to have a plan for determining and vaccinating priority groups

a. Priority Groups

A list of priority groups for receiving vaccination developed by NVAC and ACIP is provided in Appendix 6-A. The discussion of priority groups is ongoing and will be modified as needed. In particular, priority groups will be modified according to the epidemiology of the pandemic.

Groups who may be considered for vaccine prioritization include:

- Essential service personnel (public safety and health care)
- Those at high risk for contracting influenza during a pandemic (including those who would work in response to an outbreak of avian influenza)
- Those at high risk for complications or death from the pandemic strain
- Persons who are ill and hospitalized with influenza

Prioritization Review by New Jersey

Guidelines for the establishment of priority groups that will be receiving vaccine have been developed by NVAC, ACIP, and other federal partners, and is provided in Appendix 6-A. For the purposes of this plan, New Jersey has included the federal guidance regarding the priority groups for vaccine; however, other alternatives are being considered. For example, New Jersey has assessed whether or not critical infrastructure capacities that protect continuation of essential services, such as law enforcement, etc., have sufficient priority.

Pre-pandemic Vaccination

It is possible that some vaccine already developed will be available to vaccinate those in priority groups. The groups designated for pre-pandemic vaccine may be vaccinated in an earlier phase, perhaps during the pre-pandemic or pandemic alert phases. The priority groups for pre-pandemic vaccine may be different from the priority groups for pandemic vaccine.

Vaccine Procurement and Distribution

The administration of vaccine will be central to a response to an influenza pandemic, although there may be significant morbidity and mortality in the period during which an effective vaccine is being developed and produced in sufficient quantities. The Federal government continues to work closely with vaccine manufacturers in the creation of vaccines that may be beneficial in combating likely pandemic strains of influenza. However, because of the uncertainties associated with predicting which strain will be the cause of a pandemic, and the time needed to produce vaccine in amounts great enough to have an impact, it is anticipated that there will be a period of several months before vaccine is available for administration.

It is assumed that the Federal government will control the supply of vaccine in the United States and that the states will be responsible for distribution of vaccine within their respective jurisdictions. The New Jersey Department of Health and Senior Services will take the lead in determining the distribution of vaccine to local health departments for administration to the public.

B. Vaccine Safety Monitoring

Monitoring for vaccine safety during a pandemic is important to assess the occurrence of adverse events and provide data regarding any risks of vaccination. Influenza vaccine,

like all vaccines, occasionally causes local reactions at the site of injection and may cause mild systemic symptoms such as headache or fever. More severe systemic reactions generally are extremely rare. The safety profile of a pandemic vaccine may be different from that usually seen with the annual influenza vaccine.

a. Vaccine Efficacy

The benefit of vaccination is measured by determining vaccine efficacy. During a pandemic, the determination of vaccine efficacy would most likely be the role of CDC. However, the NJDHSS may be asked or required to participate in efficacy studies. The NJDHSS may wish to conduct efficacy studies in the early stages of the pandemic when fewer individuals are being vaccinated and active surveillance is more practical. It is possible that accurate and complete efficacy data may not be available until the later stages of the pandemic, depending on how much notice CDC and manufacturers have to develop a novel vaccine.

b. Contraindications

There are currently very few contraindications to vaccination against influenza. Vaccine should not be administered to persons with known anaphylactic hypersensitivity to eggs or other vaccine components as described in the package inserts. In the setting of a pandemic desensitization may be an option for those with a history of anaphylaxis to egg products and with high risk for influenza or its complications. An alternative for prevention would be prophylaxis with an antiviral medication.

11.0 Training and Exercise

Training and Exercise

The NJDHSS Operations Group is responsible for coordinating training on this plan and implementing guidance for NJDHSS employees and partner agencies and organizations.

Required training will be offered annually for newly assigned personnel.

Applicable sections of training programs will be offered whenever there are substantive changes to the plan or key guidance documents.

This plan will be exercised annually. This may be accomplished through tabletop, functional or full-scale exercises.

Evaluation and Quality Improvement

NJDHSS will assure that an After Action Report is prepared to document findings from each exercise and actual implementation of this plan.

NJDHSS will review applicable AAR(s) and other documents in order to identify opportunities to improve the plan.

NJDHSS will notify all supporting agencies to review this document on an annual basis.